

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	EA		10-1-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Don	32	10/16
FORMALITY REVIEW	H.T.	1117	11/02/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date
Final	
Original	
1	✓ 9/2/01
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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